

MULTIPLE DEPEN  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

0 / 573011

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.		DEP.		IND.		
1	1						
2		1					
3		1					
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49							
50							
TOTAL IND.	1						
TOTAL DEP.	1	9					
TOTAL CLAIMS	20						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.		DEP.		IND.		
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							